Georgia ACS EDI Provider Enrollment Form
Please return to:
Attn: ACS RMO
EDI Enrollment Unit
PO BOX 4000
McRae, GA 31055

ACS EDI PROVIDER ENROLLMENT FORM

Please print or type. Complete all sections of the ACS EDI Provider Enrollment Form, unless otherwise indicated.

Section 1. Classification. Please indicate your classification (Required)

☐   Individual Provider Organization ☐   Group/Multiple Provider Organization

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Section 2. Submission Method. Please indicate how you plan to submit your electronic transactions.

(Required)

☐   WINASAP 2003
     (Complete Section 6a)

☐   Vendor Software
     (Complete Section 5)

☐   Web Portal (for batch transmissions)
     (Complete Section 6b)

☐   I'm not a direct submitter but would like to retrieve my X12N 835 s. (Complete Section 8)

Section 3. Provider Information.

Provider/Business Name (Required)	
Business Street Address (Required)	
City, State, and Zip Code (Required)	
Telephone (Required)	*Fax*
*Provider Number (Required for Individuals) * For additional space see Section 9 of this form.*	*Group Provider Number (Required for Groups) * For additional space see Section 9 of this form.*
*Provider Payee Number (Required for 835/Remit retrieval) * For additional space see Section 9 of this form.*	*Provider Number Used During Web Portal Registration (Required only for Web Portal Submission or retrieval)*
Email Address (if applicable)	*EIN (Tax ID) (Required)*

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Section 4. Contact Information. Please indicate contact information.	
Contact Person (Required)	*Contact Title*
Business Street Address (Required)	
City, State, and Zip Code (Required)	
Telephone (Required) ( )	*Fax* ( )
Email Address	

Additional Contact Information. Please indicate additional contact information.	
Contact Person	*Contact Title*
Business Street Address	
City, State, and Zip Code	
Telephone ( )	*Fax* ( )
Email Address	

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Section 5. Provider Using a Software Vendor

If you have indicated in section 2 that you plan to use Vendor Software to submit your transactions electronically to ACS EDI Gateway, please provide the following information pertaining to your Vendor.
(If you plan to use WINASAP2003, you do not need to complete this section/page.)

Sub-section 5a. Information about the Service that you use.

Tell us about the Software Vendor that you use to submit electronic transactions.

Software Vendor Name

Contact Person	*Contact Title*

Business Street Address

City, State, and Zip Code

Telephone ( )	*Fax* ( )

Email Address

Sub-section 5b. Software Vendor Submitter ID or Trading Partner ID

Note: Your Software Vendor must be equipped with their own uniquely assigned ASC EDI Gateway Submitter ID or Trading Partner ID to act on your behalf. Please contact your Software Vendor to confirm their status with ASC EDI.

Please indicate your Software Vendor 5-digit Submitter ID or 6-digit Trading Partner ID:	☐ ☐ ☐ ☐ ☐ ☐

Sub-section 5c. Provider Using Vendor Software

Please complete the following information related to your vendor software.

Software Name:	*Software Version:*	*Protocol:*

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Section 6. Transactions Available for Transmission	
Sub-Section 6a. WINASAP2003 (replaces WINASAP2000 and EMC software)	
Request for free WINASAP2003 Software:	

☐   I will download a copy from ACS' website at www.acs-gcro.com

☐   Please mail me a hardcopy of ACS' WINASAP2003 software

☐   I have a copy of ACS' WINASAP 2003

I will be submitting the following transactions using WINASAP 2003:

☐ X12N 837P (Professional Claim)	
☐ X12N 837D (Dental Claims)	
☐ X12N 837I (Institutional Claim)	

Sub-Section 6b. STANDARD X12N (includes Web Portal batch submissions).

I will be submitting the following transactions using WINASAP 2003:

☐ X12N 837 (Professional Claim)	☐ X12 270 (Eligibility Inquiry)
☐ X12N 837D (Dental Claims)	☐ X12 276 (Claim Status Inquiry)
☐ X12N 837I (Institutional Claim)	☐ X12 278 (Prior Authorization)

Section 7. Delimiter Information.

If you will be submitting X12 transactions directly to ACS EDI Gateway and are not suing the default delimiters (listed in the section below), please provider an alternate delimiter.

(This information is not required if you are using WINASAP2003).

Element Delimiter to be used:	Segment Delimiter to be used:	Sub-Element Delimiter to be used:
Default Delimiter (asterisk) *****	Default Delimiter (tilde) **~**	Default Delimiter (colon) **:**

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Section 8. Electronic Response Retrieval.

Georgia Medicaid/PeachCare for Kids providers can retrieve their electronic responses from the ACS EDI Gateway Bulletin Board System (BBS). If you would like to participate in this service, please complete the section below. Only one entity can participate. If you have authorized your Billing Agent access to this information, you cannot participate in this service.

Sub-Section 8a. Responses/Reports Available for WINASAP2003 Submitters

Note: Only one selection can be made per Retrieval Method per response/report. This response/report cannot be picked up or viewed via the WINASAP2003 software.

If you are a WINASAP2003 submitter, select which of the following reports you would like to retrieve:	If you selected X12N835, select one of the following retrieval methods:
☐ X12N 835 – Healthcare Claim Payment Advice ☐ None	☐ BBS (Bulletin Board System) ☐ IDS (Web Portal/Message Center)

Sub-Section 8b. Responses/Reports Available for X12N Transactions / Web Portal (Batch Only)

Note: Only one selection can be made per Retrieval Method per response/report.

If you are an X12 or Web Portal Batch submitter, select which of the following reports you would like to retrieve:	Select one of the following report retrieval methods for each report you have selected:
☐ X12N 997 - Functional Acknowledgement	☐ BBS (Bulletin Board System) ☐ IDS (Web Portal/Message Center)
☐ X12N 835 – Healthcare Claim Payment Advice	☐ BBS (Bulletin Board System) ☐ IDS (Web Portal/Message Center)
☐ X12N 271 – Eligibility Response	☐ BBS (Bulletin Board System) ☐ IDS (Web Portal/Message Center)
☐ X12N 277 – Claims Status Response	☐ BBS (Bulletin Board System) ☐ IDS (Web Portal/Message Center)
☐ X12N 278 – Prior Authorization Response	☐ BBS (Bulletin Board System) ☐ IDS (Web Portal/Message Center)
☐ X12N 834 – Eligibility or Benefit Enrollment	☐ BBS (Bulletin Board System) ☐ IDS (Web Portal/Message Center)
☐ X12N 824 – Error Report	☐ BBS (Bulletin Board System) ☐ IDS (Web Portal/Message Center)

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Section 9. Additional Provider/Payee List.		
Provider Name	**Provider ID**	**Payee ID**

Please attach additional sheets if necessary.

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